7 - 12 00 5

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE  | CE ADDRESS (Note: Use Block I   | for any change of address)  |   | Note: A   | certificate   | of mailing o                | an only be used f     | or domestic mailings of th  |  |
|---|---|---|---|---|---|-----------------------------|-----------------------|---|--|
| OIPE"   |   |   |   | Fee(s) Tr   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying |                             |                       |   |  |
| 7590 01/12/2005   |   |   |   | have its o  | papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                           |                             |                       |   |  |
| ' Randy J. Pritzker   | •   | /   |   | •   |   |                             | -<br>Mailing or Tran  |   |  |
| Wolf, Greenfield &  | R 1 2 2005  | I hereby  | certify that  | t this Fee(s)   | Fransmittal is bein   | ig deposited with the Unite |                       |   |  |
| . 600 Atlantic Avenue   |   |   |   | States Po   | stal Servic   | e with suffici              | ent postage for fir   | rst class mail in an envelop  |  |
| Boston, MA 02210  | )   | T.  | , ou .  | transmitte  | d to the U  | SPTO (703)                  | 746-4000, on the      | sministral g deposited with the Unite rst class mail in an envelop above, or being facsimil date indicated below. |  |
| 04/14/2005 ZJUHAR2 00000046 10659533  |   |   | TANDEN PO   |   | (Depositor's name)  |                             |                       |   |  |
| 01 FC:1501  | 140   | 0.00 OP   |   |   |   | <del></del>                 |                       | (Signature  |  |
| 02 FC:1504  |   | 0.00 OP   |   |   |   | ·                           |                       | (Date   |  |
| APPLICATION NO.   | FILING DATE   | 9.00 OP   | O OP FIRST NAMED INVE   |   |   | ATTORN                      | EY DOCKET NO.         | CONFIRMATION NO.  |  |
| 10/659,533  | 09/10/2003  |   | Rainer R. Hadwig  |   |   | A031                        | 2.70496US00           | 4806  |  |
| TITLE OF INVENTION: B   | US ARBITRATION MET  | THOD EMPLOYING  | A TABLE OF  | SLOTS SUITA   | BLY DIST  | TRIBUTED A                  | MONGST BUS N          | MASTERS   |  |
|   |   |   |   | Expr  | ess M   | ail Lab                     | el No.: E             | V 493479208 US  |  |
|   |   |   |   |   |   | eposit:                     |                       |   |  |
| APPLN, TYPE   | SMALL ENTITY  | ISSUE F   | ee .  | PUBLICATION   |   |                             |                       |   |  |
|   |   |   |   |   |   | IOIA                        | L FEE(S) DUE          | DATE DUE  |  |
| nonprovisional  | NO NO   | \$1400  | U   | \$300   |   |                             | <b>XXXX</b> \$1709    | . 04/12/2005  |  |
| EXAMINER  |   | ART UN  | IT  | CLASS-SUB   | CLASS-SUBCLASS  |                             |                       | •   |  |
| KING, JUSTIN  |   | 2111  | 2111  |   | 710-111000  |                             |                       |   |  |
| 1. Change of correspondence CFR 1.363).   | "Fee Address" (37   |   | g on the patent   |   | •   | Wolf.                       | Greenfield &          |   |  |
|   | lence address (or Change  | of Correspondence   |   | of up to 3 reg  | gistered pa   | tent attorneys              | 3 1                   | Sacks, P.C  |  |
| Address form P1O/SB/122) attached.  |   |   |   |   | having a  | s a member o                |                       |   |  |
| PTO/SB/47; Rev 03-02  | ication form  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 |   |   |   |                             |                       |   |  |
| Number is required.   | or more recently attached.  | ose of a Customer   | listed, no nam  | e will be printe                                      | or agents.  | no name is                  | 3                     |   |  |
| 3. ASSIGNEE NAME AND  | RESIDENCE DATA TO   | BE PRINTED ON T   | THE PATENT (p   | rint or type)   |   |                             |                       |   |  |
| PLEASE NOTE: Unless recordation as set forth in   | an assignee is identified 37 CFR 3.11. Completion                             | below, no assignee<br>on of this form is NO   | data will appear<br>T a substitute for  | on the patent, filing an assign                       | If an assi  | ignee is ident              | ified below, the o    | document has been filed fo  |  |
| (A) NÁME OF ASSIGN  |   |   | ) RESIDENCE:  |   |   |                             | •                     |   |  |
| Analog Devices, Inc. Norwood, MA  |   |   |   |   |   |                             |                       |   |  |
|   | •   |   |   |   |   |                             |                       |   |  |
| Please check the appropriate  | assignee category or cate   | gories (will not be pr  | inted on the pater  | nt): 🗖 Indiv  | idual XX  | Corporation                 | or other private gr   | oup entity Governmen  |  |
| 4a. The following fee(s) are  | enclosed:   | 415   | . Payment of Fee  |   |   |                             |                       |   |  |
| Issue Fee   |   |   |   |   |   |                             |                       |   |  |
| Payment by credit card. Form P  |   |   |   |   |   | 38 is attache               | d.                    |   |  |
| Advance Order - # of Copies3  |   |   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form). |   |   |                             |                       |   |  |
| 5. Change in Entity Status  | (from status indicated abo  | ve)   |   |   |   |                             | Consisse an oxida e   | opy of this form).  |  |
| a. Applicant claims SI  | MALL ENTITY status. Se  | e 37 CFR 1.27.  | ☐ b. Applicant  | is no longer cla                                      | iming SM  | ALL ENTIT                   | Y status. See 37 C    | FR 1.27(g)(2).  |  |
| The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco             | aomoanon a ce (m required   | I WIII HUL DE ACCEDICE  | tion Fee (if any)   | er to re apply a                                      |   |                             | . C                   |   |  |
|   |   |   |   |   |   |                             |                       |   |  |
| Authorized Signature  |   |   |   |   | Date  | April 1                     | 2, 2005               |   |  |
| Typed or printed name   | Robert M. Abr   | ahamsen   |   |   | Registratio   | on No. 40                   | ,886                  |   |  |
| This collection of informatio<br>an application. Confidentiali<br>submitting the completed an | n is required by 37 CFR 1   | .311. The informatio  | n is required to o  | btain or retain a                                     | benefit b   | y the public v              | which is to file (and | d by the USPTO to process   |  |
| an application. Confidentiali submitting the completed ap this form and/or suggestions        | ty is governed by 35 U.S. plication form to the USI for reducing this burden. | C. 122 and 37 CFR 1<br>TO. Time will vary<br>should be sent to the  | 1.14. This collect<br>depending upon<br>Chief Informati   | ion is estimated<br>the individual<br>on Officer 11.8 | l to take 1<br>case. Any  | 2 minutes to comments or    | complete, includir    | ng gathering, preparing, and<br>me you require to complete  |  |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Express Mail Label No.: EV 493479208 US Date of Deposit: April 12, 2005 **DOCKET NO.: A0312.70496US00** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Serial No.: Hadwiger et al.

Confirmation No.:

10/659,533

4806

Filed:

September 10, 2003

For:

BUS ARBITRATION METHOD EMPLOYING A TABLE OF SLOTS

SUITABLY DISTRIBUTED AMONGST BUS MASTERS

Examiner:

Justin King

Art Unit:

2111

## **MAIL STOP Issue Fee**

**Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- Part B Issue Fee Transmittal
- Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of \$1,709.00 is enclosed to cover the filing fee. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

> Respectfully submitted, Hadwiger, et al., Applicants

By: 4

Robert M. Abrahamsen, Reg. No.: 40,886

Wolf, Greenfield & Sacks, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210-2206

Telephone: (617) 646-8000

Docket No.: A0312.70496US00

Date: April 12, 2005

x04/12/05x